



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ROC HOUSTON PA
4126 SOUTHWEST FREEWAY SUITE 220
HOUSTON TX 77027

Respondent Name

INSURANCE CO OF THE STATE OF PA

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-0793-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT coding guidelines do allow for a separate charge in this instance. We have confirmed this with the AMA's CPT Information Service. Excisional Debridement (PCT 11040-11044) is defined by the removal of all tissue necessary to establish a viable margin. In addition to necrotic tissue, tissue necessary to establish a viable margin include senescent cells, rolled skin edges, undetermined edges and abnormal granulation tissue. This type of debridement includes cutting outside, or beyond the wound margin... (please see the last paragraph of page one of the attached operative report and first paragraph of page two) Documentation was done per the AMA guidelines for this service."

Amount in Dispute: \$175.25

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...based on the clinical review of medical records, 11042 (debridement) the criteria has not been met and is therefore not separately payable."

Response Submitted by: Chartis, 4100 Alpha Road, Suite 700, Dallas, TX 75244

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 19, 2011	CPT code 11042-59	\$175.25	\$69.80

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated August 18, 2011
 - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed.Explanation of benefits dated September 19, 2011
 - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed.

Issues

1. Is code 11042-59 a component of code 26418?
2. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the disputed service based upon reason codes "97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated"; and "U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed".

CPT code 11042 is defined as "Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less".

On the disputed date of service the requestor also billed code 26418. Per CCI edits, code 11042 is not a component of code 26418; therefore, reimbursement is recommended.
2. 28 Texas Administrative Code §134.203(b)(1), states "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of Box 32 on the CMS-1500 the services were rendered in zip code 77004, which is located in Harris County.

CPT code 11042 is subject to multiple procedure rule discounting of 50%.

The MAR for CPT code 11042 in Harris County is $\$139.59 \times 50\% = \69.80 . The respondent paid \$0.00; Therefore, the requestor is due \$69.80.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports additional reimbursement sought by the requestor. The Division concludes that the requestor supported its position that reimbursement is due. As a result, the amount ordered is \$69.80.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$69.80 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

5/25/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.